

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34272  
State File No. 8643  
Registrar's No.

FILED OCT 18 1948

Registration District No.

318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County ST. LOUIS, MISSOURI  
(b) City or town ST. LOUIS, MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 1/2 hrs.  
Previously under treatment (Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME James Hovis

3. (b) If veteran,  
name war None

3. (c) Social Security No.  
None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,  
divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased February 27 1931  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
17 7 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Farmington Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business \_\_\_\_\_

12. Name James C. Hovis  
13. Birthplace Butler County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Madge Towfall  
15. Birthplace Madison County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James C. Hovis

(b) Address R.F.D. #3, Fredericktown, Mo.  
Burial (b) Date thereof 10/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 4 1948 (b) J. B. Bradley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles no of Fredericktown 0  
(If rural, give location)  
(e) Citizen of foreign country? N.R. (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1  
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 1  
1948, to October 1, 1948  
that I last saw him alive on October 1, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Rupture of cerebral aneurysm

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy As above

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature FR Bradley (M. D. or other) \_\_\_\_\_

Address Barnes Hospital Date signed 10/4/48

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Isy W. Wilkerson*

Licensed Embalmer No. *3575*

P. O. Address *17 Lane St*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**